Nashoba Associated Boards of Health 30 Central Avenue Ayer, MA 01432 (978) 772-3335 (800) 427-9762

| □ \$150.00-Application & Plan Review (note: fee depends on system size) |
|---|
| □ \$175.00-Application & Plan Review (if I/A technology use) |
| (note: fee depends on system size) |
| \$250.00-Application & Plan Review/Perc Rate Exceeds 30 min/inch |
| (unless \$100 retesting fee previously paid) |
| \$200.00-Permit Issue & System Inspection (note: size dependent) |
| \$250.00-I/A Permit Issue & System Inspection (note: size dependent) |
| \$75.00-Permit for Septic Tank, Sewer Line or D-box replacement |

Application for a Sewage Disposal Works Construction Permit

| Town | | <i>I</i> | Assessor's Map# | | Parcel # | | |
|--|----------------------|--|---------------------|----------------------------|--------------------|-------------|--|
| Street Location | | | | | Lot# | | |
| Directions to I | Property _ | | | | | | |
| New Existing Dwell Busin Indus Other Resta | ling ess trial | Number of Bedrooms_ Number of Employees Describe (Business) Number of Seats Lot Size | | Square Feet 6 Food Service | Service 🔲 yes e | □ no | |
| Name of Engin | | ease submit 2 copi | es of the Engi | | | | |
| Name of Owne | r | | | Telepl | none | | |
| Address | | | Town | | | | |
| *Applicant's Name (must be owner or prospective owner) | | | | | | | |
| Address | | | Town | | _Telephone | | |
| Daytime Telep | hone Num | ber | Business | Residen | ice | | |
| Email Address | : | (fe | or use by this offi | ce/BOH office | es for correspon | dence) | |
| THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT | | | | | | | |
| Date Rev. 4/6/11 | | Signature | of Applicant | | | | |

*NAME TO APPEAR ON PERMIT-The Owner/Applicant is aware of their requirements of the permit and approvals. There is a 15% processing charge on all refunds+